PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571) 273-2885

appropriate. All further of as indicated unless correct	orrespondence including ted below or directed oth	the Patent, adv	ance orders a	ind notificati	on of maintena	nce fees will be mailed to	ough 5 should be completed where the current correspondence address cating a separate "FEE ADDRESS"
Focts papers Address associated with USPTO Customer Number 57956. 1 here States address					Note: A certificate of mailing can only be used for domestic mailings of the rec(s) Transmittal. This certificate cannot be used for any other accompanying suppose. Each additional puper, such as an assignment of Formul drawing, must away its own certificate of mailing or transmission. hereby certify that this Feedy Transmittal is being deposited with the United Staste Postal Service with sufficient postage for first class mail in an envelope deddessed to the Mail Step 18SUE FEE address above, or being ficinities mannited to the USFFO(57)1727-28SS, on the data indicated below.		
					N/A	in Con 10 (371) 273-2003, C	(Depositor's name)
					N/A		(Signature)
					N/A		(Date)
APPLICATION NO.	FILING DATE	G DATE FIRST NAMED INVEN			OR	ATTORNEY DOCKET	NO. CONFIRMATION NO.
10/722,118	II/24/2003	Hugh N. Molotsi				37202/127002; 99005	0 4835
TITLE OF INVENTIO							
APPLN. TYPE	SMALL ENTITY				ATION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	no	\$1,510.00				\$1,510.00	10/14/2009
EXAMINER K. S. Campen		ART UNIT CLASS 3691		CLASS-S	SUBCLASS		
Address* (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO.SB1/22) attached. Tee Address indication of Tree Address* indica							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Intuit Inc. Mountain View, California Please check the appropriate assignce category or categories (will not be printed on the potent): Individual X Corporation or other private group entity Government							
4a. The following fee(s) are enclosed: Ab. Payment of Fee(s): I saue Fee							
X Issue Fee							
Advance Order # of Copies X The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number							
5. Change in Entity St	atus (from status indicate	d above)					
	ims SMALL ENTITY sta						Y status. See 37 CFR 1.27(g)(2).
NOTE: The Issue Fee and		d) will not be a	ccepted from a			viously paid issue fee to the a nt; a registered attorney or a	application identified above. gent; or the assignee or other party in
Authorized Signature /Robert P. Lord/					-	Date	October 13, 2009
Typed or printed na		Robert P. Lord				Registration No.	46,479